

MESSAGE NUMBERS	MESSAGES	MESSAGE DESCRIPTIONS
+ 141	Inconsistent M0190 values: (M0190) Inpatient Diagnoses ICD code at "a" cannot be an exact match to (M0190) Inpatient Diagnoses ICD code at "b".	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>The (M0190) ICD-9 code in response "b." cannot be the same as the (M0190) ICD-9 code response "a".</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> </ul>
+ 142	Inconsistent M0200/M0210 values: If (M0200) Regimen is checked "Yes", then (M0210) Medical Diagnosis ICD code at "a" cannot be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li><b>IF</b> (M0200) Medical or Treatment Regimen Change Within Past 14 Days has been checked "Yes", <b>THEN</b> (M0210) ICD-9 response "a." cannot be blank</li> <li>You may have submitted a blank or a value that is not acceptable by your state.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> <li>Contact your state OASIS Coordinator for a list of values that are not accepted by your state.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 143	Inconsistent M0100/M0200/M0220 values: If (M0100) is 09 and (M0200) "Yes" is checked, then at least one from (M0220) must be checked. Also, all items in M0220 that are unchecked must be submitted as 0 zero	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• Applies when (M0100) Reason for Assessment is a 09.</li> <li>• <b>IF</b> (M0200) Medical or Treatment Regimen Change Within Past 14 Days response is checked "Yes", <b>THEN</b> at least one item from (M0220) "Urinary Incontinence" through "None of the Above" must be checked.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 144	Inconsistent ICD-9 M0210 values: (M0210_CHGREG_ICD1, M0210_CHGREG_ICD2, M0210_CHGREG_ICD3, M0210_CHGREG_ICD4): This ICD-9 value cannot equal any other ICD-9 value.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• The (M0210) submitted ICD-9 code cannot exactly match any other (M0210) submitted ICD-9 code.</li> <li>• You may have submitted a blank or a value that is not accepted by your state.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Contact your state OASIS Coordinator for a list of values that are not accepted by your state.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 146	Inconsistent M0200/M0210/M0220 values: If (M0200) Regimen is "No", then (M0210) Medical Diagnosis and (M0220) Conditions responses 1-7 must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>When using Data Specifications Version 1.20, or 1.30 applies when (M0100) RFA is a 09.</li> <li>When using Data Specifications Version 1.04 applies when (M0100) RFA is 04, 05 or 09.</li> <li><b>IF</b> (M0200) Medical or Treatment Regimen Change... has been checked "No", <b>THEN</b> (M0210) Diagnosis and ICD 9 code (M0220) "Urinary Incontinence" through "None of the Above" must not be checked.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>(M0200) Medical or Treatment Regimen Change Within Past 14 Days</li> <li>(M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days</li> </ul> <p><u>Tip</u> (M0210) Medical Diagnosis and ICD codes which require treatment regimen medical changes in last 14 days.</p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips, as well as, Appendix B.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 150	Inconsistent M0100/M0230 values: If M0100 (RFA) = 1, 3, 4 or 5, then M0230 (Primary Diagnosis) cannot be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• Applies when (M0100) Reason for Assessment is 01, 03, 04, or 05.</li> <li>• The (M0230) Primary Diagnosis field cannot be blank.</li> <li>• You may have submitted a blank or a value that is not accepted by your state.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Contact State – OEC to determine if ICD –9 code is one accepted by your State. (I.E. STD/HIV ICD-9 codes).</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 151	Inconsistent ICD-9 values: The submitted ICD-9 field cannot be an exact match to any other of the submitted ICD-9 fields.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>This ICD-9 code cannot exactly match any other ICD-9 code within the same field on an assessment.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>(M0190) Inpatient Diagnoses and ICD code categories (three digits required; five digits optional) <u>for only those conditions treated during an inpatient facility stay within the past 14 days</u> (no surgical or V-codes) responses "a." and "b."</li> <li>(M0210) List the patient's Medical Diagnoses and ICD code categories (three digits required; five digits optional) <u>for those conditions requiring changed medical or treatment regimen</u> (no surgical or V-codes) responses "a.", "b.", "c.", and "d."</li> <li>(M0230/M0240) Diagnosis and Severity Index responses "a.", "b.", "c.", "d.", "e.", and "f."</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> </ul>
+ 152	Inconsistent M0240 values: If (M0240) ICD is blank, then (M0240) Severity Rating must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li><b>IF</b> (M0240) ICD-9 response is blank, <b>THEN</b> the corresponding (M0240) Severity Rating response must be blank.</li> <li><b>IF</b> (M0240) ICD-9 response is not blank, <b>THEN</b> the corresponding Severity Rating response 0-4 must be checked, unless the ICD is an E-code.</li> <li>E-codes are valid for M0240 (ICD) when the M0090 (Completion Date) is October 1, 2003 or later.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+153	Inconsistent M0240 values: If M0240 (ICD) is an E-code, then M0240 (Severity Rating) must be blank.	<ul style="list-style-type: none"> <li><b>IF</b> (M0240) ICD response is an E-code, <b>THEN</b> the corresponding (M0240) Severity Rating response must be blank.</li> <li>E-codes are valid for M0240 (ICD) when the M0090 (Completion Date) is October 1, 2003 or later.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+154	Inconsistent M0245 values: If M0245 (Primary Payment Diagnosis) is blank then M0245 (Secondary Payment Diagnosis) must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>Applies when M0100 (Reason for Assessment) is 1, 3, 4 or 5 and M0090 (Completion Date) is October 1, 2003 or later.</li> <li>If M0245 (Primary Payment Diagnosis) is blank then M0245 (Secondary Payment Diagnosis) must be blank.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 157	Inconsistent M0350/M0360 values: If (M0350) Assisting Persons 1,2,or 3 is checked, then at least one item in (M0360) Primary Caregiver must be checked. Unchecked items must be submitted as 0 (zero).	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li><b>IF</b> (M0350) Assisting Person has responses 1, 2, and/or 3 checked, <b>THEN</b> (M0360) Primary Caregiver response cannot be blank.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 159	Inconsistent M0100/M0360/M0370 values: If (M0100) = 1, 3, or 9 and M0360 (Caregiver) response 1, 2, 3, 4, or 5 is checked, then at least one item in M0370 (How Often) must be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>When M0090 date is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.</li> <li>When M0090 date is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.</li> <li><b>IF</b> (M0360) Primary Caregiver has response 1, 2, 3, 4, or 5 checked, <b>THEN</b> (M0370) Frequency of Primary Caregiver Assistance response must be completed.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+160	Inconsistent M0810/M0820: If (M0810) Equipment response 00-04 is checked then (M0820) Caregiver Management cannot be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>When M0090 date is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.</li> <li>When M0090 date is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.</li> <li><b>IF</b> (M0810) Equipment response 00-04 is checked, <b>THEN</b> (M0820) Caregiver Management cannot be blank.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 163	Inconsistent M0520/M0530 values: If (M0520) Urinary Incontinence response 0 (zero) or 2 is checked, then (M0530) When Incontinence Occurs must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li><b>IF</b> (M0520) Urinary Incontinence or Urinary Catheter Present response 0 (zero) or 2 is checked, <b>THEN</b> (M0530) When Urinary Incontinence Occurs responses must not be checked.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 164	Inconsistent M0540/M0550 values: If (M0540) Bowel Incontinence "NA" is checked, then (M0550) Ostomy response 1 or 2 must be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li><b>IF</b> (M0540) Bowel Incontinence Frequency "NA" response is checked, <b>THEN</b> (M0550) Ostomy for Bowel Elimination response 1 or 2 must be checked.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p>• NA = Patient has ostomy for bowel elimination</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 165	Inconsistent M0540/M0550 values: If (M0540) Bowel Incontinence 0, 1, 2, 3, 4, 5, or UK is checked, then (M0550) Ostomy response 0 (zero) should be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0540) Bowel Incontinence Frequency response 0 (zero), 1, 2, 3, 4, 5, or UK is checked, <b>THEN</b> (M0550) Ostomy for Bowel Elimination response 0 (zero) must be checked.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 166	Inconsistent M0810/M0820 values: If (M0810) Equipment "NA" response is checked, then (M0820) Caregiver response must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0810) Patient Management of Equipment... response has a value of "NA", <b>THEN</b> (M0820) Caregiver Management of Equipment...must be blank.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>• NA = No equipment of this type used in care</li> <li>• (M0810) Patient Management of Equipment (includes <u>ONLY</u> Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): <u>Patient's ability</u> to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)</li> <li>• (M0820) Caregiver Management of Equipment (includes <u>ONLY</u> Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): <u>Caregiver's ability</u> to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 168	Inconsistent M0350/M0360/M0820 values: If (M0350) Assisting Person response 1 AND (M0360) Caregiver response 1, 2, 3, 4, or 5 are checked, then (M0820) Equip Management NA must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0350) Assisting Person(s)... response 1 is checked AND (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, <b>THEN</b> (M0820) Caregiver Management of Equipment... response cannot have a value of "NA".</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>• (M0350) Assisting Person(s) Other than Home Care Agency Staff</li> <li>• (M0820) Caregiver Management of Equipment (includes <u>ONLY</u> Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): <u>Caregiver's ability</u> to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> <li>• NA = No caregiver</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 169	Inconsistent M0830 values: If (M0830) Emergent Care "UK" response is checked, then (M0830) response 0, 1, 2, or 3 must be unchecked. Unchecked items must be submitted as 0 (zero).	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0830) Emergent Care response has a value of "UK", <b>THEN</b> (M0830) Emergent Care responses 0, 1, 2, and 3 must not be checked.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 170	Inconsistent M0100/M0855 values: If (M0100) = 9, then (M0855) Inpatient Facility response "NA" must be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0100) Reason for Assessment is 09, <b>THEN</b> (M0855) To Which Inpatient Facility... response "NA" must be checked.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>• (M0100) Reason for Assessment 09 is a "Discharge from agency: Not to Inpatient Facility"</li> <li>• (M0855) To which Inpatient Facility has the patient been admitted?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> <li>• NA = No inpatient facility admission</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 171	Inconsistent M0100/M0855 values: If (M0100) = 6 or 7, then (M0855) Inpatient Facility response "NA" must be unchecked	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0100) Reason for Assessment is a 06 or 07, <b>THEN</b> (M0855) To which Inpatient Facility... response "NA" must not be checked.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>• (M0100) Reason for Assessment 06: "Transferred to Inpatient Facility - not discharged from agency"</li> <li>• (M0100) Reason for Assessment 07: "Transferred to Inpatient Facility - discharged from agency"</li> <li>• (M0855) To which Inpatient Facility has the patient been admitted?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> <li>• NA = No inpatient facility admission</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

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MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 172	Inconsistent M0855/M0870/M0880 values: If (M0855) Inpatient Facility item 1 is checked, then (M0870) Discharge AND (M0880) Services must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0855) To which Inpatient Facility... response has a value of 01, <b>THEN</b> (M0870) Discharge Disposition through (M0880) ...Services or Assistance must be blank.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>• (M0855) To which Inpatient Facility has the patient been admitted?</li> <li>• (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?</li> </ul> <p><u>Tip:</u></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 173	Inconsistent M0855-M0900 values: If (M0855) Inpatient Facility response 2 or 4 is checked, then (M0870) Discharge Disposition through (M0900) Reason for Admission must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0855) To which Inpatient Facility... response has a value of 02 or 04, <b>THEN</b> (M0870) Discharge Disposition through (M0900) ...Admitted to Nursing Home must be blank.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>• (M0855) To which Inpatient Facility has the patient been admitted?</li> <li>• (M0900) For what Reason(s) was the patient Admitted to a Nursing Home?</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 174	Inconsistent M0855-M0895 values: If (M0855) Inpatient Facility response 3 is checked, then (M0870) Discharge Disposition thru (M0895) Reason for Nursing Home Admission must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0855) To which Inpatient Facility... response has a value of 03 checked, <b>THEN</b> (M0870) Discharge Disposition through (M0895) Reason for Hospitalization must be blank.</li> </ul> <p><u>Definition:</u></p> <ul style="list-style-type: none"> <li>• (M0855) To which Inpatient Facility has the patient been admitted?</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 175	Inconsistent M0870/M0880 values: If (M0870) Discharge Disposition response 2, 3, or UK is checked, then (M0880) Services must all be unchecked	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0870) Discharge Disposition response has a value of 2, 3, or UK, <b>THEN</b> (M0880) ...Services or Assistance must be blank.</li> </ul> <p><u>Definition:</u></p> <ul style="list-style-type: none"> <li>• (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 176	Inconsistent M0855/M0870/M0880 values: If (M0855) Inpatient NA AND (M0870) Disposition response 1 are checked, then at least one item in (M0880) Services must be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0855) To which Inpatient Facility... response "NA" is checked AND (M0870) Discharge Disposition response 1 is checked, <b>THEN</b> at least one response from (M0880) must be checked.</li> </ul> <p><u>Definition:</u></p> <ul style="list-style-type: none"> <li>• NA = No inpatient facility admission</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <ul style="list-style-type: none"> <li>• NA = No inpatient facility admission</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 177	Inconsistent M0880 values: If response (M0880) Services 1 is checked, then (M0880) responses 2 and 3 must be unchecked. Unchecked items must be submitted as 0 (zero).	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0880) ...Services or Assistance response 1 is checked, <b>THEN</b> (M0880) responses 2 and 3 must not be checked.</li> </ul> <p><u>Definition:</u></p> <ul style="list-style-type: none"> <li>• (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 178	Inconsistent M0880 values: If (M0880) Services response 2 or 3 are checked, then (M0880) response 1 must be unchecked. Unchecked items must be submitted as 0 (zero).	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0880) ...Services or Assistance response 2 or 3 is checked, <b>THEN</b> (M0880) response 1 must not be checked.</li> <li>• <u>Definition:</u></li> <li>• (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 179	Inconsistent M0855/M0890 values: If (M0855) Inpatient Facility item 2, 3, 4, or NA is checked or is blank, then all items in (M0890) Reason for Admission to Hospital must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0855) To which Inpatient Facility... response 2, 3, 4, or "NA" is checked OR if they are all unchecked, <b>THEN</b> (M0890) ...Hospital, for what Reason... response must not be checked.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>• (M0855) To which Inpatient Facility has the patient been admitted?</li> <li>• (M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> <li>• NA = No inpatient facility admission</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine consistency requirements.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 180	Inconsistent M0855/M0890 values: (M0855) Inpatient Facility item 1 is checked, then (M0890) Reason 1, 2, 3, or UK must be checked. Unchecked items must be submitted as 0 (zero).	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 06 or 07.</li> <li><b>IF</b> (M0855) To which Inpatient Facility... response 1 is checked, <b>THEN</b> (M0890) ...Hospital, for what Reason... must be checked.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>(M0855) To which Inpatient Facility has the patient been admitted?</li> <li>(M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?</li> </ul> <p><u>Tip:</u></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 181	Inconsistent M0855/M0895 values: If (M0855) Inpatient Facility item is 2, 3, 4, or NA OR 1-4 and NA are unchecked, then (M0895) Reason for Hospitalization must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 06 or 07.</li> <li><b>IF</b> (M0855) To which Inpatient Facility... response 2, 3, 4, or "NA" is checked OR (M0855) is blank, <b>THEN</b> (M0895) Reason for Hospitalization must not be checked.</li> </ul> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li>(M0855) To which Inpatient Facility has the patient been admitted?</li> </ul> <p><u>Tip:</u></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <ul style="list-style-type: none"> <li>NA = No inpatient facility admission</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 182	Inconsistent M0855/M0895 values: If (M0855) Inpatient Facility item 1 is checked, then at least one (M0895) Reason for Hospitalization item must be checked. Unchecked items must be submitted 0 (zero).	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) Reason for Assessment is 06 or 07.</li> <li><b>IF</b> (M0855) To which Inpatient Facility... response 1 is checked, <b>THEN</b> (M0895) Reason for Hospitalization must have at least one response checked.</li> </ul> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>(M0100) Reason for Assessment 06: "Transferred to Inpatient Facility – not discharged from agency"</li> <li>(M0100) Reason for Assessment 07: "Transferred to Inpatient Facility – discharged from agency"</li> <li>(M0855) To which Inpatient Facility has the patient been admitted?</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine consistency requirements.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 183	Inconsistent M0855/M0900 values: If (M0855) Inpatient Facility item 1,2,4, or NA is checked OR (M0855) is unchecked, (M0900) Reason for Nursing Home must be unchecked.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 06 or 07.</li> <li><b>IF</b> (M0855) To which Inpatient Facility... response 1, 2, 4 or "NA" <b>OR</b> (M0855) is blank, <b>THEN</b> (M0900)...Admitted to Nursing Home must not be checked.</li> </ul> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>(M0855) To which Inpatient Facility has the patient been admitted?</li> <li>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home?</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> <li>NA = No inpatient facility admission</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMER	MESSAGE	MESSAGE DESCRIPTION
+ 184	Inconsistent M0855/M0900 values: If M0855 response 3 is checked, at least one item from M0900 must be checked. Also, all items in M0900 that are unchecked must be submitted as 0 zero.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 06 or 07.</li> <li><b>IF</b> (M0855) To which Inpatient Facility... response 3 is checked, <b>THEN</b> at least one item from (M0900)...Admitted to a Nursing Home response(s) 1, 2, 3, 4, 5, and/or 6 must be checked.</li> </ul> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>(M0855) To which Inpatient Facility has the patient been admitted?</li> <li>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home?</li> </ul> <p><b>Tip:</b></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 185	Inconsistent M0900 values: If (M0900) Reason for Nursing Home item UK is checked, then (M0900) 1, 2, 3, 4, 5, and 6 must be unchecked. Unchecked items must be submitted as 0 (zero).	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 06 or 07.</li> <li><b>IF</b> (M0900)...Admitted to a Nursing Home response "UK" is checked, <b>THEN</b> (M0900) all responses must not be checked.</li> </ul> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home?</li> </ul> <p><b>Tip:</b></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 186	Inconsistent M0903/M0906 dates: The (M0903) Last Visit Date must precede or be the same as the (M0906) Discharge Date.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 06 or 07, 08 or 09.</li> <li>The (M0903) Date of the Last (Most Recent) Home Visit must be earlier than or the same date as the (M0906) Discharge/Transfer/Death Date.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 189	Inconsistent M0150 values: If (M0150) Payment Sources item 0 (zero) is checked, then (M0150) items 1 thru UK must be unchecked. Unchecked items must be submitted as 0 (zero).	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>• Applies when (M0100) Reason for Assessments is a 01 or 03 if using Date Spec Version 1.04.</li> <li>• Applies when (M0100) RFA is 01, 03,04,05,06,07,08,or 09 when using "Data Spec Version 1.10, 1.20, or 1.30.</li> <li>• <b>IF</b> (M0150) Current Payment Sources for Home Care response 1 is checked, <b>THEN</b> (M0150) all other responses must not be checked.</li> </ul> <p><b>Tip:</b></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 191	Inconsistent M0220 values: If M0220 (Conditions Prior) item 7, NA, or UK is checked, then only one M0220 item 7, NA or UK can be checked.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>• Applies when (M0100) RFA is 03, 04, 05,or 09 <b>IF</b> M0090 is prior to 12/16/2002.</li> <li>• Applies when (M0100) RFA is 03 or 09 <b>IF</b> M0090 is on or after 12/16/2002.</li> <li>• (M0220) Conditions Prior to Medical or Treatment Regimen Change...can only have <b>one</b> of the following three responses checked: <ul style="list-style-type: none"> <li>➢ 7 - None of the above</li> <li>➢ NA - No inpatient facility discharge <u>and</u> no change in medical or treatment regimen in past 14 days</li> <li>➢ UK - Unknown</li> </ul> </li> </ul> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>• (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days.</li> </ul> <p><b>Tip:</b></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	• MESSAGE DESCRIPTION
+ 192	Inconsistent M0220 values: If (M0220) Conditions Prior item 7, NA, or UK is checked, then (M0220) items 1, 2, 3, 4, 5, or 6 must be unchecked. Unchecked items must be submitted 0 (zero).	<p>Cause:</p> <ul style="list-style-type: none"> <li>• Applies when (M0100) RFA is 01, 03 or 09 <b>IF</b> M0090 is on or after 12/16/2002.</li> <li>• Applies when (M0100) RFA is 01,03,04,05 or 09 <b>IF</b> M0090 is prior to 12/16/2002.</li> <li>• <b>IF</b> (M0220) Conditions Prior to Medical or Treatment Regimen Change...response 7, "NA", or "UK" is checked, <b>THEN</b> (M0220) responses 1, 2, 3, 4, 5, and 6 must not be checked.</li> </ul> <p>Definition:</p> <ul style="list-style-type: none"> <li>• (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days. NA - No inpatient facility discharge <u>and</u> no change in medical or treatment regimen in past 14 days</li> </ul> <p>Tip:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 193	Inconsistent M0290 values: If (M0290) High Risk Factors item 5 is checked, then (M0290) High Risk Factors items 1, 2, 3, and 4 must be unchecked. Unchecked items must be submitted as 0 (zero).	<p>Cause:</p> <ul style="list-style-type: none"> <li>• Applies when (M0100) RFA is 01, 03, or 09 <b>IF</b> M0090 is on or after 12/16/2002.</li> <li>• Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, or 09, <b>IF</b> M0090 is prior to 12/16/2002.</li> <li>• <b>IF</b> (M0290) High Risk Factors response 5 use one of the above is checked, <b>THEN</b> (M0290) responses 1, 2, 3, and 4 must not be checked.</li> </ul> <p>Tip:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 194	Inconsistent M0350 values: If (M0350) Assisting Person item 4 is checked, then (M0350) Assisting Person items 1, 2, 3, or UK must be unchecked. Unchecked items must be submitted as 0 (zero).	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 01, 03, or 09 <b>IF</b> M0090 is on or after 12/16/2002.</li> <li>Applies when (M0100) RFA is a 01, 03, 04, 05, or 09, <b>IF</b> M0090 is prior to 12/16/2002.</li> <li><b>IF</b> (M0350) Assisting Person(s)... response 4 is checked, <b>THEN</b> (M0350) responses 1, 2, 3, and "UK" must not be checked.</li> </ul> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>(M0350) Assisting Person(s) Other than Home Care Agency Staff</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 195	Inconsistent M0360/M0380 values: If (M0360) Caregiver Item 1, 2, 3, 4, or 5 is checked, then (M0380) Type items 1, 2, 3, 4, 5, 6, or 7 must be checked. Unchecked items must be submitted as 0 (zero).	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is 01, 03, or 09, <b>IF</b> M0090 is on or after 12/16/2002.</li> <li>Applies when (M0100) RFA is a 01, 03, 04, 05, or 09, <b>IF</b> M0090 is prior to 12/16/2002.</li> <li><b>IF</b> (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, <b>THEN</b> (M0380) Type of Primary Caregiver Assistance response 1, 2, 3, 4, 5, 6, and/or 7 must be checked.</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+200	Inconsistent M0100/M0450/M0460: If (M0100) Reason for Assessment = 04 or 05 AND (M0450) Pressure Ulcer Stage 1 through Unobservable Pressure Ulcer is equal to 0 (zero) or blank, then (M0460) must be skipped (blank).	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when (M0100) RFA is a 04 or 05.</li> <li><b>IF</b> (M0450) Pressure Ulcer Stage 1 through Unobservable Pressure Ulcer is equal to 0 (zero) or blank, <b>THEN</b> (M0460) Stage of Most Problematic Pressure Ulcer must be blank.</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

9/22/2003

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+201	Inconsistent M0100/M0450/M0460: If (M0100) Reason for Assessment = 04 or 05 AND (M0450) Pressure Ulcer Stage 1 through Stage 4 is equal to 1, 2, 3, or 4 OR Unobservable Pressure Ulcer is equal to 1, then (M0460) Stage of Most Problematic Observable Pressure Ulcer cannot be blank.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Applies when M0100 (Reason for Assessment) is 04 or 05, AND the M0090 date is on or after 12/16/02.</li> <li><b>IF</b> (M0450) Pressure Ulcer Stage 1 through Stage 4 is equal to 1, <b>THEN</b> (M0460) Stage of Most Problematic Observable Pressure Ulcer cannot be blank.</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 202	Inconsistent M0468-M0476: If (M0468) Stasis Ulcer item 0 (zero) is checked, then (M0470) Number thru (M0476) Most Problematic must be blank in accordance with the skip pattern for OASIS.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li><b>IF</b> (M0468) Stasis Ulcer has a value of 0 (zero) (No), <b>THEN</b> (M0470) Current Number of Observable Ulcers thru (M0476) Status of Most Problematic (Observable) Stasis Ulcer must not be checked.</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 203	Inconsistent M0440-M0488 values: If (M0440) Skin Lesion item 0 (zero) is checked, then (M0445) Pressure Ulcer thru (M0488) Most Problematic must be blank in accordance with the skip pattern for OASIS.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0440)...Skin Lesion or Open Wound has a value of 0 (zero), <b>THEN</b> (M0445)...Pressure Ulcer thru (M0488) Status of Most Problematic (Observable) Surgical Wound must not be checked.</li> <li>• When M0090 is prior to 12/16/2002 applies to all fields for M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.</li> <li>• When M0090 is 12/16/2002 or later applies to all fields for M0100(Reason for Assessment) 01, 03, or 09, and</li> </ul> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• (M0440) Does this patient have a Skin Lesion or an Open Wound?</li> <li>• (M0445) Does this patient have a Pressure Ulcer?</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 204	Inconsistent M0445-M0464 values: If (M0445) Pressure Ulcer item 0 (zero) is checked, then (M0450) Number thru (M0464) Most Problematic must be blank in accordance with the skip pattern for OASIS.	<p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0445)...Pressure Ulcer has a value of 0 (zero), <b>THEN</b> (M0450) Current Number of Pressure Ulcers at Each Stage thru (M0464) Status of Most Problematic (Observable) Pressure Ulcer must not be checked.</li> <li>• When M0090 is prior to 12/16/02 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.</li> <li>• When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.</li> </ul> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>• (M0445) Does this patient have a Pressure Ulcer?</li> </ul> <p><b>Tip:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 205	Inconsistent M0445-M0464 values: If (M0445) Pressure Ulcer response 1 is checked then (M0450) Number thru (M0464) Most Problematic must be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• <b>IF</b> (M0445)...Pressure Ulcer has a value of 1(Yes), <b>THEN</b> (M0450) Current Number of Pressure Ulcers at Each Stage thru (M0464) Status of Most Problematic (Observable) Pressure Ulcer must be checked.</li> <li>• When M0090 is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.</li> <li>• When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.</li> </ul> <p><u>Definition:</u></p> <ul style="list-style-type: none"> <li>• (M0445) Does this patient have a Pressure Ulcer?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 207	Incorrect format: The submitted data for this item must be blank for the identified OASIS-B1 item(s).	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• The submitted data must be blank for the identified OASIS-B1 item(s).</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> </ul>
+ 208	Inconsistent value: At least 1 response in the OASIS-B1 item identified must be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>• Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09.</li> <li>• At least one of the responses for this OASIS-B1 item must be checked.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>• Make appropriate corrections to the submitted record and resubmit.</li> <li>• Refer to the current data specifications to determine valid values.</li> <li>• Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 209	Inconsistent values: If the None or UK response is checked, then all other responses for the identified item must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>All of the other items identified for this OASIS-B1 item cannot be checked when either None or Unknown has been checked.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 210	Inconsistent values: All responses for the identified OASIS-B1 item(s) must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>The response to some OASIS-B1 items are contingent upon the response to other items. All identified OASIS item(s) must be skipped and therefore, left blank.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>
+ 211	Inconsistent M0360-M0380 values: If M0100 (RFA) = 1 or 3 and M0360 (Primary Caregiver) response 0 (zero) or UK is checked, then M0370 (How Often) thru M0380 (Type) must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>Applies when (M0100) Reason for Assessment is a 01 or 03.</li> <li><b>IF</b> (M0360) Primary Caregiver response 0 (zero) or "UK" is checked, <b>THEN</b> (M0370) How Often... thru (M0380) Type of Primary Caregiver Assistance must not be checked.</li> </ul> <p><u>Definition:</u></p> <ul style="list-style-type: none"> <li>(M0370) How Often does the patient receive assistance from the primary caregiver?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 212	Inconsistent M0360-M0380 values: If M0100 (RFA) = 9 and M0360 (Primary Caregiver) response 0 (zero) is checked, then M0370 (How Often) thru M0380 (Type) must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>When M0090 is prior to 12/16/2002 applies when M0100 (Reason for Assessment) is 04, 05, or 09.</li> <li>When M0090 is 12/16/2002 or later applies when M0100 (Reason for Assessment) is 09.</li> <li><b>IF</b> (M0360) Primary Caregiver response 0 (zero) is checked, <b>THEN</b> (M0370) How Often... thru (M0380) Type of Primary Caregiver Assistance must not be checked.</li> </ul> <p><u>Definition:</u></p> <ul style="list-style-type: none"> <li>(M0370) How Often does the patient receive assistance from the primary caregiver?</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</li> <li><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications to determine valid values.</li> <li>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</li> </ul>

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 213	Invalid data value: The submitted data for this response is not in the valid range of acceptable values.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> <li>The submitted data is not in the correct format for the identified OASIS item.</li> <li>Version_cd1 cannot contain spaces.</li> </ul> <p><u>Tip:</u></p> <ul style="list-style-type: none"> <li>Social Security Numbers cannot be all 0's (zeros) or all 9's (nines).</li> <li>Social Security number should be 9 digits or 9 spaces.</li> <li>Cannot be all 0's (zero). All 1's(ones), all 3's(threes), all 9's(nines) or 123456789.</li> <li>Cannot start with 000 or have any embedded dashes or spaces.</li> <li>Medicare number must be Alpha numeric or all spaces.</li> <li>No embedded dashes or spaces.</li> <li>If the first character is numeric, then the first 9(nine) characters must be digits(0-9).</li> <li>If the first character is a letter, then there must be 1-3 alphabetical characters followed by 6(six) or 9(nine)digits followed by spaces up to the field length of 12.</li> <li>Beginning January 1, 2004 branches will be assigned a Branch ID. Submitted Branch ID must match Branch ID in the State Database.</li> <li>If Agency is the Parent Agency, Branch ID should be aP followed by 9 spaces.</li> <li>If Agency is not a branch, Branch ID should be an N followed by 9 spaces.</li> <li>If agency is a branch the ID will be provided by the State Aspen Coordinator and will be in the following format:            ➤ ##Q#####</li> <li>(M0245) Primary Payment Diagnosis</li> </ul> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <li>Make appropriate corrections to the submitted record and resubmit.</li> <li>Refer to the current data specifications for this item to determine the acceptable format.</li> <li>Contact your software vendor for assistance.</li> </ul> <p>Contact you State Aspen Coordinator to determine correct Branch ID.</p>

Table 1-4. Fatal Record